

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO.	FILING DATE
10/575316	
APPLICANT	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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47							97						
48							98						
49							99						
50							100						
TOTAL REQ.		↓		↓		↓			↓		↓		↓
TOTAL OPT.		←	0	←		←			←		←		←
TOTAL CLAMDS		██████		██████		██████			██████		██████		██████